

## REQUEST FOR EMPLOYER REIMBURSEMENT FORM

NAME OF BOARD MEMBER: Priya Mathur

NAME OF STATE, SCHOOL, OR

PUBLIC AGENCY EMPLOYER: San Francisco Bay Area Rapid Transit District

I request that the CALPERS' Board approve reimbursing my employer for the direct and reasonable costs of employing a replacement for me while I am fulfilling my responsibilities and duties as an elected CALPERS Board member.

The costs are itemized as follows:

1. Replacement BART Employee Salary & Benefits 04/01/05 - 06/30/05 \$22,330.34
2. Replacement BART Employee Salary & Benefits 07/01/05 - 03/31/06 \$72,839.95

I therefore request that the Board approve reimbursement to my employer in the amount of \$95,170.29 to compensate my employer for the direct and reasonable costs of employing a replacement while I fulfill my responsibilities and duties as an elected CALPERS Board member.

  
Signature

March 1, 2006  
Date

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### EMPLOYER CERTIFICATION OF REIMBURSEMENT AMOUNT :

I hereby certify that I am an authorized representative for the employer of the CALPERS Board member named above. I acknowledge that by signing this form, I am Certifying that the amount of reimbursement requested constitutes the direct and reasonable costs incurred by the employer in replacing this Board member.

  
Signature of Employer Representative

1-26-06  
Date

Ed Pangilinan  
Name

Assistant Controller  
Title

**BOARD MEMBER EMPLOYING AGENCY  
COMPENSATION REIMBURSEMENT CALCULATION AND CERTIFICATION FORM**

**BOARD MEMBER NAME:**  
**EMPLOYING AGENCY:**  
**REIMBURSEMENT PERIOD :**  
**Invoice Date:** 1/26/06

**Ms. Priya Mathur**  
**Bay Area Rapid Transit District**  
**04/01/05 - 06/30/05**  
**Invoice Number:** D-7658

**CALCULATION OF EMPLOYING AGENCY REIMBURSEMENT FOR BOARD MEMBER COMPENSATION**

| <b>MONTHLY<br/>SALARY</b> | <b>MONTHLY<br/>FRINGE<br/>BENEFITS</b><br><small>(Provide detail below)</small> | <b>TOTAL<br/>MONTHLY<br/>COMPENSATION</b> |
|---------------------------|---|---|
| \$7,841.14                | +   | \$1,463.17                                |
|                           |   | =   |
|                           |   | \$9,304.31                                |

**DETAIL OF FRINGE BENEFIT EXPENSES**

| Type of Benefit       | Amount            | % of salary if applicable |
|-----------------------|-------------------|---------------------------|
| Health Insurance      | \$365.38          | N/A                       |
| Dental Insurance      | \$150.00          | N/A                       |
| Vision Insurance      | \$15.92           | N/A                       |
| Life Insurance        | \$38.96           | N/A                       |
| PERS Pension          | \$548.88          | 7.000%                    |
| Medicare              | \$113.70          | 1.45%                     |
| Worker's Compensation | \$203.67          | 1.750%                    |
| State Unemployment    | \$26.66           | 0.34%                     |
| <b>Total</b>          | <b>\$1,463.17</b> |                           |

**MONTHLY  
BOARD MEMBER  
COMPENSATION  
( INC. BENEFITS**

**REIMBURSEMENT  
PERCENTAGE  
80%**

**TIME  
PERIOD  
MONTHS**

**TOTAL  
REIMBURSEMENT  
AMOUNT**

\$9,304.31 X

0.80

3.00

\$22,330.34

**TOTAL APPROVED  
REIMBURSEMENT  
AMOUNT**

**PREVIOUS  
REIMBURSEMENT  
AMOUNT**

**BALANCE  
DUE**

**EMPLOYER CERTIFICATION :**

**SIGNATURE:**

*Ed Pangilinan*

**DATE:**

*1-26-06*

**PRINT NAME :** Ed Pangilinan

**Title :** BART Assistant Controller

**BOARD MEMBER EMPLOYING AGENCY  
COMPENSATION REIMBURSEMENT CALCULATION AND CERTIFICATION FORM**

**BOARD MEMBER NAME:**  
**EMPLOYING AGENCY:**  
**REIMBURSEMENT PERIOD :**  
Invoice Date: 1/26/06

**Ms. Priya Mathur**  
**Bay Area Rapid Transit District**  
**07/01/05 - 03/31/06**  
Invoice Number: D-7659

**CALCULATION OF EMPLOYING AGENCY REIMBURSEMENT FOR BOARD MEMBER COMPENSATION**

| <b>MONTHLY<br/>SALARY</b> |   | <b>MONTHLY<br/>FRINGE<br/>BENEFITS</b><br><small>(Provide detail below)</small> |   | <b>TOTAL<br/>MONTHLY<br/>COMPENSATION</b> |
|---------------------------|---|---|---|---|
| \$7,876.58                | + | \$2,240.08  | = | \$10,116.66                               |

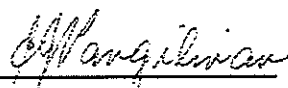
**DETAIL OF FRINGE BENEFIT EXPENSES**

| Type of Benefit      | Amount            | % of salary if applicable |
|----------------------|-------------------|---------------------------|
| Health Insurance     | \$365.38          | N/A                       |
| Dental Insurance     | \$157.31          | N/A                       |
| Vision Insurance     | \$15.92           | N/A                       |
| Life Insurance       | \$38.96           | N/A                       |
| PERS Pension         | \$1,237.96        | 15.717%                   |
| Medicare             | \$114.21          | 1.45%                     |
| Worker's Compensatio | \$283.56          | 3.600%                    |
| State Unemployment   | \$26.78           | 0.34%                     |
| <b>Total</b>         | <b>\$2,240.08</b> |                           |

| <b>MONTHLY<br/>BOARD MEMBER<br/>COMPENSATION<br/>( INC. BENEFITS</b> | <b>REIMBURSEMENT<br/>PERCENTAGE<br/>80%</b> | <b>TIME<br/>PERIOD<br/>Months</b> | <b>TOTAL<br/>REIMBURSEMENT<br/>AMOUNT</b> |
|--|---|-----------------------------------|---|
| \$10,116.66 X  | 0.80  | 9.00                              | \$72,839.95                               |

| <b>TOTAL APPROVED<br/>REIMBURSEMENT<br/>AMOUNT</b> | <b>PREVIOUS<br/>REIMBURSEMENT<br/>AMOUNT</b> | <b>BALANCE<br/>DUE</b> |
|--|--|------------------------|
|  |  |                        |

**EMPLOYER CERTIFICATION :**

**SIGNATURE:**   
**PRINT NAME :** Ed Pangilinan

**DATE:** 1-26-06  
**Title :** BART Assistant Controller